

EXHIBIT B

DEPOSITION EXCERPTS OF

MICAHLYN POWERS, MD.

Vorgias vs Community Health of Central Washington Michahlyn Powers, M.D. 11/04/2021

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UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF WASHINGTON

DEMETRIOS VORGAS,)
)
Plaintiff,)
) NO. 1:21-CV-03013-SAB
v.)
)
COMMUNITY HEALTH OF CENTRAL)
WASHINGTON,)
)
Defendant.)

VIDEOTAPED VIDEOCONFERENCE DEPOSITION UPON ORAL
EXAMINATION OF MICHAHLYN POWERS, M.D.

November 4, 2021
9:04 a.m.
Via Videoconference

TAKEN AT THE INSTANCE OF THE PLAINTIFF

CERTIFIED COPY

REPORTED REMOTELY BY:
DANI WHITE, CCR NO. 3352



Central Court Reporting 800.442.3376

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I N D E X

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VORGAS v. COMMUNITY HEALTH OF CENTRAL WASHINGTON
NO. 1:21-CV-03013-SAB

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November 4, 2021

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MICHAHLYN POWERS, M.D.

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1 A. Physician.

2 Q. Okay.

3 A. So faculty physician, which I became the interim
4 residency program director from January through May of
5 2019, I believe.

6 Q. Okay.

7 A. As well as clinical site director at the
8 Ellensburg clinic.

9 Q. Okay. And when you -- we'll focus in, I think,
10 most of our discussion today will center around the time
11 period where, as I understand it, you were the interim
12 director at the Community Health of Central Washington.
13 And, again, that timeframe was -- was it January 2019 to
14 May 2019 or longer than that? Because I know I've seen
15 records where it's longer than May of 2019.

16 A. I think it was until the end of May 2019.
17 Uh-huh. And we had selected my -- my successor during
18 the month of -- maybe the late part of April, perhaps,
19 or the early part of May, and I transitioned out of that
20 role at the end of May 2019 after onboarding my
21 successor.

22 Q. And who was -- did you -- was your successor
23 Dr. Isaacs?

24 A. Correct. Yes. Although, he was not involved
25 really in any of the prior proceedings with Demetrios.



1 Q. Okay. You just -- okay. Is there anything that
2 you're looking at or referring to? I just need to --
3 because I can't see, I want to make sure that you're
4 testifying from your knowledge or from your memories.
5 You're not -- you don't have any notes in the room with
6 you?

7 A. Yeah, I have -- I have some electronic devices
8 that are turned off.

9 Q. Okay.

10 A. Otherwise, it's a pretty empty office.

11 Q. Thank you. I appreciate that.

12 Okay. Let me try to clarify a couple of things
13 on the record. It's my understanding from talking
14 with -- and I'll try to get the name in the right order
15 here -- from talking with Dr. Isaacs that you,
16 Dr. Powers, were the final decision maker with regard to
17 Demetrios Vorgias's termination from the program; is
18 that true?

19 A. That's correct. The residency program director
20 is always the final decision-maker for the termination
21 of a resident.

22 Q. And I understand during the process there was
23 also -- you, at some point during this process,
24 were I'll use the word reliant to a certain degree on
25 what's referred to as a CARED Committee; is that --



1 is because his medical school prepared him poorly. We
2 don't know, but we can't continue to spend the time and
3 the resources of the program on trying to get him to
4 learn information that he is not able to learn.

5 Q. And -- and part of that extending the grace that
6 you spoke about, in part, I take it, includes if you
7 receive recommendations for a resident and/or
8 specifically for Dr. Vorgias to receive accommodations,
9 to assist him to succeed, part of your extension of
10 grace includes waiting to get those recommendations and
11 evaluating them to see if they can actually be put into
12 place, true?

13 MS. MORISSET: Object as to form.

14 A. Yes. If we would have been given accommodation,
15 or recommendations, we would have reviewed them and seen
16 if they could have been reasonably performed within the
17 program.

18 Q. (By Mr. Pickett) Okay. I'm going to try to see
19 if I can go to some records now. Bear with me while I
20 try to share some things.

21 A. Are you going to share your screen or within --

22 Q. I will, yeah. Okay. Can you see what I've put
23 up here?

24 A. Yes.

25 Q. All right. And it says, "WPHP Letter with



1 clean record here, okay?

2 A. And no accommodations were sent between April 19
3 and May 2, 2019, when -- when Demetrios was terminated.

4 Q. Right. And I understand your previous testimony
5 to be that you never, ever received requests for
6 accommodation for Demetrios, true?

7 A. Correct.

8 Q. Okay. And we've covered that, and I want to go
9 slowly through this, though. You dispute -- you are --
10 you absolutely dispute that you were informed that
11 recommendations for accommodations for Demetrios would
12 be communicated to you at a later date, true?

13 A. True.

14 Q. Let me ask. It also says that "we" -- I'm
15 assuming that's WPHP -- "were recommending that you
16 enroll in a monitoring agreement for an underlying
17 medical condition..."

18 Were you informed by Ms. Morales on April 19,
19 2019, that there was a recommendation for an enrollment
20 into a monitoring agreement for an underlying medical
21 condition?

22 A. Yes.

23 Q. Okay.

24 A. And not what that condition was, because that
25 was considered confidential information. But we were



1 whether, in fact, Dr. Vorgias should have been enrolled
2 in a monitoring program?

3 MS. MORISSET: Object as to form.

4 A. I don't understand that question. Could you
5 clarify?

6 Q. (By Mr. Pickett) As of April 19, 2019, did you
7 have any reason to dispute whether Dr. Vorgias should
8 have been enrolled in a monitoring program?

9 A. Could you rephrase that question?

10 Q. Did you have any reason to dispute, as of
11 April 19, 2019, whether Dr. Vorgias should have been
12 enrolled in a monitoring agreement?

13 MS. MORISSET: Object as to form.

14 A. I'm sorry. You're just repeating the same
15 question over and over. Could you rephrase that --

16 Q. (By Mr. Pickett) I can.

17 A. -- in a way that's more understandable?

18 Q. Sure. You were told on April -- by email on
19 April 19, 2019 that Dr. Vorgias would be enrolled in a
20 monitoring agreement, true?

21 A. Yes.

22 Q. And that would be to monitor his underlying
23 medical condition, true?

24 MS. MORISSET: Object as to form.

25 A. Yes.



1 Q. (By Mr. Pickett) Okay. And that was to monitor
2 his underlying medical condition, that's what you were
3 specifically informed of, true?

4 MS. MORISSET: Object as to form.

5 A. Yes. Uh-huh.

6 Q. (By Mr. Pickett) Okay. And did you have any
7 reason to dispute whether he should, in fact, have been
8 enrolled in a monitoring agreement for an underlying
9 medical condition?

10 A. Did I have reason to dispute that he should be?
11 Meaning, did I think he didn't have an underlying
12 medical condition?

13 Q. Did you have any reason to disagree -- let's do
14 it that way -- to disagree with him being enrolled in a
15 monitoring agreement for an underlying medical
16 condition?

17 MS. MORISSET: Object as to form.

18 A. No. The program would have been supportive of
19 him being enrolled in this monitoring agreement for his
20 unknown underlying medical condition. We sent him to
21 the WPHP for help, and if that's how they thought it was
22 appropriate to help him, then we had no reason to
23 dispute or block that enrollment.

24 Q. (By Mr. Pickett) And earlier you testified, I
25 think, in agreement with Dr. Isaacs when he said, Look,



1 we send somebody to WPHP and we ask for a,
2 recommendation, we follow it. You were in agreement
3 with that, did I state that correctly?

4 MS. MORISSET: Object as to form.

5 A. We follow recommendations to the extent that's
6 reasonable.

7 Q. (By Mr. Pickett) Okay.

8 A. Accommodations are different. Accommodations,
9 as you know, is a word that's tied to the language of
10 disabilities, and we were not aware that there was a --
11 a disability.

12 Q. Well, if accommodation is tied to the language
13 of disability, that's how you understand it, true?

14 A. In the HR world, yes. Accommodations -- the
15 word "accommodation" is often tied to a formal diagnosis
16 or a disability, yes.

17 Q. And here, as of April 19, at least according to
18 this letter, Ms. Morales informed you that
19 recommendations for accommodations would be communicated
20 to you. You read that, true?

21 MS. MORISSET: Object as to form.

22 A. I do. I read that and I dispute it.

23 Q. (By Mr. Pickett) Okay. And -- but if you had
24 received -- let me ask you this: If you had been told,
25 that, hey, recommendations for accommodations will be



1 forthcoming, and you understand accommodations to be
2 related to disability in this world of HR and this --
3 this process, you would have at least, at a minimum,
4 wanted to read the recommendations for accommodations
5 before terminating Dr. Vorgias, true?

6 A. True.

7 MS. MORISSET: I need to object as to form.

8 Thanks.

9 A. True.

10 Q. (By Mr. Pickett) You do agree, Dr. Powers, that
11 you did receive an email from Ms. Morales on the 19th of
12 2019?

13 A. I agree.

14 Q. Okay. Do you remember speaking to her on the
15 phone?

16 A. I do.

17 Q. Okay. Do you remember -- did she tell you,
18 during a phone conversation that there was a
19 recommendation -- that there'd been an evaluation,
20 completed?

21 A. Yes.

22 Q. Do you remember her telling you on the phone
23 that part of that evaluation was going to result in the
24 recommendation of Dr. Vorgias enrolling in a monitoring
25 agreement?



1 Q. Did you ask her about any condition that could
2 impair his ability to learn as a resident?

3 A. No. Not specifically. We were looking for
4 conditions that would make him unsafe to practice. And
5 it seemed that he didn't have an underlying substance
6 abuse disorder, which we were very happy to hear.
7 Although, I'm not sure if they would have told us that
8 because of confidentiality, but they said simply that
9 he's safe.

10 Q. So the WPHP concluded, at least they told you,
11 either -- was it by the phone -- during the phone
12 conversation that he was safe to practice?

13 A. Right. Yep.

14 Q. Okay. And then they did also express that in
15 the email, that Dr. Vorgias was safe? He was safe in
16 terms of, I'm assuming, patient safety? He was safe to
17 practice?

18 A. He was safe to --

19 MS. MORISSET: Object as to form. Go ahead.
20 Object to form.

21 A. He was safe in the sense that there was not an
22 impairing diagnosis. For example, bipolar disorder
23 with, you know, mania or delusions or paranoia or
24 substance use, something that would make him, you know,
25 gravely impaired and unsafe to practice. That's all



1 that that statement told us.

2 Q. (By Mr. Pickett) Okay. So you could at least
3 alleviate your concerns with regard to Dr. Vorgias based
4 on this examination with regard to patient safety; is
5 that fair?

6 MS. MORISSET: Object as to form.

7 A. No.

8 Q. (By Mr. Pickett) Okay.

9 A. Patient safety is -- is impacted by a variety of
10 things. And so we were reassured that he didn't have
11 something that was making him wildly unfit for duty.
12 But it did not alleviate our concerns about his
13 on-the-ground performance, which was making decisions,
14 evaluating patients, counseling them, making a plan,
15 presenting that information to his supervisor so they
16 could be confident in his medical knowledge.

17 Q. Okay. Did you ask Ms. Morales during your
18 conversation and/or emails with her whether there was --
19 the underlying medical condition that Dr. Vorgias was
20 suffering from, whether that would impair his ability to
21 express his medical knowledge?

22 A. No.

23 MS. MORISSET: Object as to form.

24 A. I did not ask her that. And even if I had, she
25 would not have told me.



1 Q. (By Mr. Pickett) She would not --

2 A. So that sort of information is -- would have
3 been written and well-documented from the WPHP. She
4 would not have been at liberty to share his -- his
5 private information with me.

6 Q. Okay. You were -- the paragraph above here, it
7 says -- it indicates -- and I'm looking back at the
8 documents, it says, Dr. Kelly Cornett administered
9 neuropsychological testing to you" -- this is to
10 Dr. Vorgias -- "on April 3. We were notified of the
11 findings and recommendations subsequent to the
12 evaluation on April 18, 2019, during a telephone call
13 with Dr. Cornett."

14 First question is did you know that Dr. Vorgias
15 had been -- when you had sent him to WPHP that he was
16 going to have a neuropsych?

17 A. They had made that recommendation. I was not
18 aware that it had -- the date of the evaluation. WPHP
19 informed us that it had been completed, though.

20 Q. When did they inform you and who?

21 A. Cynthia Morales let me know that a
22 neuropsychological test had been performed, but those
23 results were not sent to us at that time. And I never
24 received them.

25 Q. When did she do that? When did she inform you



1 that a neuropsychological evaluation had been conducted
2 with Dr. Vorgias?

3 A. I believe on April 19, in that email.

4 Q. Okay. And did she also tell you during that
5 conversation and/or email that that neuropsychological
6 evaluation was part of their evaluation of these -- of
7 what she referred to as "underlying medical conditions"?

8 MS. MORISSET: Object as to form.

9 A. No.

10 Q. (By Mr. Pickett) Okay. Did you ask at all, at
11 all in any way, shape, or form, when you talked to
12 Ms. Morales if that -- if there was any way that these
13 underlying medical conditions were affecting Demetrios's
14 performance in the residency program?

15 A. I asked her if there were any conditions that we
16 should be aware of that were impairing his performance.
17 And she said, No, he is able to work. There are no
18 impairments.

19 Q. Did you ask specifically whether the underlying
20 medical conditions that she told you about were
21 impairing his performance in any way?

22 MS. MORISSET: Object as to form.

23 A. No, I did not ask her that specifically.

24 Q. (By Mr. Pickett) Why not?

25 A. If I had --



1 MS. MORISSET: Object -- hold on. Object as to
2 form.

3 A. If I had asked her that specifically, she would
4 not have answered that over the phone. She would have
5 put that in writing, and we would have received that in,
6 an official capacity. She answered the questions that I
7 asked her.

8 Q. (By Mr. Pickett) All right. But with regard to
9 the underlying medical conditions and whether they were
10 impacting Dr. Vorgias's performance in the residency
11 program, you simply did not ask Ms. Morales that
12 question, true?

13 MS. MORISSET: Object as to form.

14 A. No, I did not ask her that question.

15 Q. (By Mr. Pickett) Okay. Is it fair to say that
16 if there was an underlying medical condition affecting
17 Dr. Vorgias's performance in the program, you as the
18 director would have wanted to know that; is that fair?

19 A. That is the reason why he was sent to WPHP, yes.
20 And she -- she assured me that there were no
21 impairments. So her -- she answered my question.

22 Q. And when she spoke about impairments, she was
23 specifically, if you know, referring to his ability to
24 practice safely, true?

25 MS. MORISSET: Object as to form.



1 MS. MORISSET: Object as to form.

2 Q. (By Mr. Pickett) Go ahead.

3 A. I'm going to say yes, we were aware he had an
4 underlying medical condition for which he was being
5 enrolled in a monitoring program with WPHP.

6 Q. And for our purposes here today, you were aware
7 of that underlying medical condition well before he --
8 you chose to terminate him from the program, true?

9 MS. MORISSET: Object as to form.

10 A. Yes. We were informed ten days prior to his
11 termination.

12 Q. (By Mr. Pickett) And being informed -- having
13 been informed ten days before his termination, what
14 steps did you take as the program director, if any, to
15 consult with Dr. Vorgias about that?

16 A. None.

17 Q. What steps did human resources do or take prior
18 to Dr. -- Dr. Vorgias's termination from the program to
19 consult with him regarding his underlying medical
20 conditions?

21 MS. MORISSET: Object as to form.

22 A. No outreach to Dr. Vorgias was deemed necessary
23 by the program or the HR department, and he did not come
24 forward to discuss or reveal any of his health
25 information to us. And he had several opportunities to



1 at 12:30. Thank you.

2 MS. MORISSET: All right. Thanks, Bill.

3 THE VIDEOGRAPHER: Okay. This is going to end
4 Media No. 2, and we're off the record at 11:55.

5 (A lunch break was held from 11:55 to 12:35 p.m.)

6 THE VIDEOGRAPHER: Okay. This will begin Media
7 No. 3 in the deposition of Micahlyn Powers, M.D. Back
8 on the record at approximately 12:35.

9 Q. (By Mr. Pickett) Okay. Dr. Powers, we're back
10 from our break. Can you hear me okay?

11 A. Yes.

12 Q. All right. Perfect. Let me see if I can get a
13 document up here. Let me know if that comes through on
14 your screen. It's what's titled "Verification of
15 Graduate Medical Education and Training."

16 A. Yes.

17 MR. PICKETT: And this has previously been
18 marked and we'll mark it in your deposition as
19 Exhibit 4. And, again, we're taking these out of order
20 as they come up.

21 (Exhibit No. 4 marked for identification.)

22 Q. Can you tell me -- and I'll scroll through this
23 if you need me to -- do you recognize this document?

24 A. I did. I created this document as a summary at
25 the end of his training.



1 your signature?

2 A. Yes.

3 Q. It was signed June 6, 2019, correct?

4 A. Correct.

5 Q. And I know, at least by June 6, 2019, from your
6 prior testimony, you were all -- already out of the role
7 of program director, true?

8 A. Yes. And I signed that document as the
9 residency program director at the time of Demetrios's, I
10 guess, training. So it was appropriate for me to sign
11 that as a summary. It would not have been appropriate
12 for Dr. Isaacs to complete that or sign that because he
13 really had no -- very little knowledge of what had
14 happened prior.

15 Q. Right. Understood. And just so I'm clear, even
16 though you're signing it on June 6, 2019, as the
17 residency program director, as of that date, you were no
18 longer the program director, true?

19 A. Correct.

20 Q. Okay. And sort of you're signing it in that
21 capacity -- in that capacity even though Dr. Isaacs had
22 already assumed that position, that role, true?

23 A. Yep.

24 Q. Okay. And I -- and I -- he had no -- I'm going
25 to guess, he had no concerns with you signing as the



1 director even though he was in that role, in part,
2 because he did not participate in the decision to
3 terminate Dr. Vorgias, true?

4 A. Yes.

5 Q. All right. One of things -- and I'm going to
6 scroll back up here. It talks about -- you've got
7 little -- these are check-the-box comments. And it
8 talks about -- starts with patient care. See where I'm
9 at there?

10 A. Yes.

11 Q. And if we go down, it talks about clinical
12 competence overall, you rated him as fair?

13 A. Yes.

14 Q. True? Okay. And then I'm going to talk -- when
15 it comes to -- this is in the patient care section --
16 preventative medicine, you rated Dr. Vorgias as fair?

17 A. Where is that? Oh, it's the second line.

18 Q. Yeah.

19 A. Yes. I rated him fair for most of his patient
20 care.

21 Q. And you also rated -- for inpatient competence,
22 you rated him as fair?

23 A. Uh-huh.

24 Q. Yes?

25 A. Yes.



1 Q. And for his outpatient competence, you rated him
2 as fair?

3 A. Yes.

4 Q. For you said procedural competence, you said,
5 "Not observed, unknown." That was the rating you gave
6 him?

7 A. Yes.

8 Q. And then with regard to quality of medical
9 records, you rated him as good?

10 A. Yes.

11 Q. On his medical knowledge, you had a category of
12 general medical knowledge, and you rated Dr. Vorgias at
13 the time of his -- or in summarizing his performance,
14 you rated it as fair?

15 A. Yes.

16 Q. With regard to clinical knowledge -- and this is
17 in parentheses -- outpatient, you also rated him in that
18 category as being fair?

19 A. Yes.

20 Q. Clinical knowledge, parenthesis, inpatient, you
21 also rated him as being fair?

22 A. Yes.

23 Q. And then clinical knowledge in -- with
24 parenthesis, obstetrics, you also rated him as fair?

25 A. Yes.



1 Q. With regard to systems-based practices and the
2 subheading, it says, "Ability to work with
3 interdisciplinary team," you rated him as fair?

4 A. Yes.

5 Q. With regard to awareness of larger context and
6 system -- and the system of health care, you rated him
7 as fair there as well?

8 A. Yes.

9 Q. With regard to ability to effectively call on
10 resources to provide care, you rated him as fair?

11 A. Yes.

12 Q. And then on practice-based learning and
13 improvement, it says -- the question was, "Initiates
14 self-directed learning," you rated him as fair?

15 A. Yes.

16 Q. On the ability to improve the system/the
17 practice you rated him as fair?

18 A. Yes.

19 Q. With regard to the professionalism category,
20 professional judgment and attitude, you rated him under
21 the -- as a -- the standard was good?

22 A. Yes.

23 Q. Punctuality and attendance, you rated as
24 excellent?

25 A. Yes.



1 Q. Timeliness completion of medical records
2 administrative duties you rated him as good?

3 A. Yes.

4 Q. With regard to ethics and a sense of
5 responsibility and honesty, you also rated Dr. Vorgias
6 as good?

7 A. Uh-huh.

8 Q. Yes?

9 A. Yes.

10 Q. In terms of interpersonal communication skills,
11 the category that's labeled "General Ability to
12 Understand/Speak/Write Fluently in English," you rated
13 that as excellent?

14 A. Yes.

15 Q. With regard to interaction with clinical team
16 members, you rated that in the category of good?

17 A. Yes.

18 Q. In osteopathic principles, there was -- it
19 starts with "patient care," you did not give any rating
20 because he's not in -- he's not an osteopath; is that
21 fair?

22 A. Yes.

23 Q. And is that with regard to all of the
24 osteopathic principles because he's an M.D., not a D.O.?

25 A. Yes.



1 Q. You did not rate him; is that true?

2 A. Correct.

3 Q. Okay. You asked if -- you were asked if the
4 training -- was the training subsequent to any of the
5 following during training, and you marked a "yes" with
6 regard to conditions or restrictions beyond those
7 generally associated with the training regimen at your
8 facility, you marked yes?

9 A. Yes.

10 Q. What were the conditions or restrictions beyond
11 those generally associated with the training regimen at
12 your facility?

13 A. You're asking what were those conditions or
14 restrictions?

15 Q. Yes. Beyond those generally associated with the
16 training regimen at your facility.

17 A. Uh-huh. So that refers to his progression
18 through the corrective action process. And so those
19 conditions were that, you know, he was given a
20 constructive citation, he was given the -- the second
21 citation, and then was moved to probation. And all
22 those conditions and restrictions were just the
23 different parts of those plans as it went along. So,
24 you know, those are documented in his citation forms.

25 Q. Okay. And the conditions and restrictions



1 C E R T I F I C A T E

2 STATE OF WASHINGTON)

3 COUNTY OF YAKIMA)

4

5 This is to certify that I, Dani White, Certified
6 Court Reporter in and for the State of Washington,
7 residing in Yakima, reported the within and foregoing
8 deposition; said deposition being taken before me on the
9 date herein set forth; that pursuant to RCW 5.28.010 the
10 witness was first by me duly sworn; that said
11 examination was taken by me in shorthand and thereafter
12 under my supervision transcribed; and that same is a
13 full, true, and correct record of the testimony of said
14 witness, including all questions, answers, and
15 objections, if any, of counsel.

16 I further certify that I am not a relative or
17 employee or attorney or counsel of any of the parties,
18 nor am I financially interested in the outcome of the
19 cause.

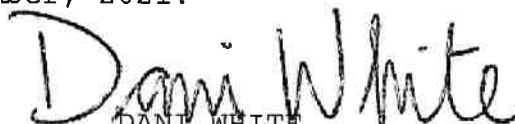
20 IN WITNESS WHEREOF I have set my hand this 17th
21 day of November, 2021.

22

23

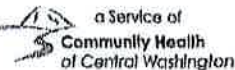
24

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DANI WHITE
CCR NO. 3352



Central Washington
Family Medicine
Residency Program



**CENTRAL WASHINGTON FAMILY MEDICINE RESIDENCY
VERIFICATION OF GRADUATE MEDICAL EDUCATION & TRAINING**

Section I: Verification of training and performance during training					
Trainee's Name: Demetrios Vorglas					
Trainee's NPI: 1356833750					
Trainee's DOB: 03/07/1975					
Dates of training: PGY 1: Date From 06/25/2018 To: 05/01/2019					
PGY 2: Date From None To: None					
PGY 3: Date From None To: None					
Training Program Accreditation: <input checked="" type="checkbox"/> ACGME W/Osteopathic Recognition					
Did the above-named trainee successfully complete the training program?					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If NO, please provide an explanation here: Dr. Vorglas successfully completed 4 weeks each of orientation, surgery, obstetrics, ambulatory pediatrics, musculoskeletal medicine, emergency medicine, Elective: EKG and behavioral medicine.					
	Excellent	Good	Fair	Poor	Not Observed/Unknown
Patient Care					
Overall clinical competence			X		
Preventative medicine			X		
Inpatient competence			X		
Outpatient competence			X		
Procedural competence					X
Quality of medical records		X			
Medical Knowledge					
General medical knowledge			X		
Clinical knowledge (outpatient)			X		
Clinical knowledge (inpatient)			X		
Clinical knowledge (obstetrics)			X		
Systems Based Practice					
Ability to Work with Interdisciplinary Team			X		
Awareness of the larger context and system of healthcare			X		
Ability to effectively call on resources to provide care			X		
Practice Based Learning and Improvement					
Initiates self-directed learning			X		
Ability to improve the system/practice			X		

P:\Program Admin\Evaluation-Advisor Forms
Created: 04-2019 HJM

EXHIBIT 4

Witness: M. Powers, M.D.

Date: 11-4-21

Stenographer: DW

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	Excellent	Good	Fair	Poor	Not Observed/Unknown
Professionalism					
Professional Judgment and attitude		X			
Punctuality and attendance	X				
Timeliness completion of medical records/administrative duties		X			
Ethics, sense of responsibility and honesty		X			
Interpersonal Communication Skills					
General ability to understand/speak/write fluently in English	X				
Interaction with clinical team members		X			
Osteopathic Principles					
Patient Care					
Examination, Diagnosis, & Treatment					
Medical Knowledge					
Practice Based Learning & Improvement					
Interpersonal & Communication Skills					
Systems Based Practice					
Professionalism					
Was the trainee subject to any of the following during training?	Yes		No		
Conditions or restrictions beyond those generally associated with the training regimen at your facility?	X				
Leave of absence			X		
Corrective or disciplinary action	X				
Non-promotion/non-renewal					
Extension of training year (s)					
Probationary Action	X				
Dismissal	X				
Investigated by a Government/Legal			X		
Malpractice Suits			X		
Disciplinary action for attending patients while apparently under the influence of drugs, alcohol or controlled substances			X		
Medical problems or mental disorders that affected the capacity to practice medicine			X		
Ever attempt procedures beyond his/her competence or granted privileges			X		
Please provide explanation to any "yes" answer above : Dr. Vorglas came under scrutiny due to medical knowledge and professionalism concerns during Jan. 2019 of his R1 year, was placed on constructive citation, which was advanced to probation and subsequently, dismissal. He made improvements in his professionalism and administrative task completion. Number of patients per half day in clinic was initially					

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restricted in January 2019 due to difficulty with medical knowledge, efficiency, and time management. He progressed to the normal number of patients per half day of clinic after a short period of restriction. He was required to pre-precept before seeing clinic patients as well as have the attending physician repeat the history and exam for each patient he saw in clinic. This lasted from January 2019 to his dismissal in May 2019 for medical knowledge deficits despite attempts at remediation.

Section II: Recommendation

Upon completion of the training program, the individual was deemed to have demonstrated sufficient competence in the specialty/subspecialty to enter autonomous practice. ☐ Yes ☒ No ☐ N/A

This individual demonstrated sufficient competence to apply osteopathic principles to patient care, upon entry to practice, without direct supervision. ☐ Yes ☐ No ☒ N/A

This trainee is:

- ☐ Recommended highly without reservation
☐ Recommended as qualified and competent
☒ Recommended with limitations described as direct supervision needed in the outpatient and inpatient setting. Would benefit from repeating the R1 year in family medicine.
☐ Not recommended for the following reason(s): Click here to enter text.

Did the program endorse this trainee as meeting the qualifications necessary for respective board certification in family medicine? ☐ Yes ☒ No ☐ N/A

If NO or N/A, indicate the reason(s): Demetrios was dismissed before he was eligible to sit for ABFM Board exam.

Section III: Additional Comments

Please utilize this comment area to provide additional information regarding this trainee's performance, notable strengths or weaknesses:

Dr. Vorgias is enthusiastic, caring, and team oriented. He consistently was checking in with his co-residents and nurses in clinic on how they were doing and if he could help with any tasks. He was motivated to be a productive and helpful member of the medical team. He is dedicated to medicine driven to improve his medical knowledge. He loves patient care, and the relationships he can build with his patients. He gets significant joy from his work with the pediatrics population- watching kids grow and develop new skills and teaching them that the doctor's office is not a place to fear. He was noted to have given two very well received presentations. One was to his colleagues on a pediatrics topic which he worked diligently on preparing, and another was on a Pain class topic to the patients enrolled in the class. His preceptor for the pain class noted that it was one of the better presentations that had been given in pain class despite Dr. Vorgias being very nervous prior to the presentation. Dr. Vorgias does like to teach, which was reflected in his topic presentations, but due to some struggles with performance anxiety he would lose sleep due to his desire to impress classmates and attendings. Dr. Vorgias is very motivated to succeed in medicine, but he did struggle on hospital inpatient rotations, both medicine and obstetrics. He required more supervision and direction than what was expected for an intern and needed repeated review of medicine topics and patient care tasks each rotation and between rotations, which led to concern about his synthesis of medical knowledge. He is highly critical of himself, and this significantly impaired his ability to absorb and respond to feedback, make corrections, and continue to show progress. Frequently, we would discuss how he had the basic idea for a topic but got sidetracked on either his self-criticism or concern about improving that it impeded his growth. He is now addressing these concerns personally so that moving forward he can be successful in his career.

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Section IV: Attestation

The information provided on this form is based on review of available training records, evaluations and direct information provided by supervising faculty.

M. Powers M.D.

Residency Program Director

Micahlyn Powers, MD

Phone: 509-452-4946

Fax: 509-457-3989

Email: cwfmr@chcw.org

10/6/19

Date

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WPHP Letter with Summary of Medical Testing Events

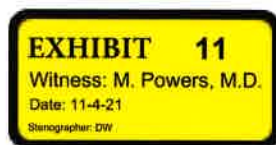


EXHIBIT 11

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WASHINGTON PHYSICIANS HEALTH PROGRAM

December 11, 2019

Demetrios Vorgias, MD
1126 Radis Place
Jacksonville, FL 32225

PERSONAL & CONFIDENTIAL

Dear Dr. Vorgias:

This letter is in follow up to your request for a chronology of services provided to you since your referral to Washington Physicians Health Program (WPHP), initiated on January 23, 2019 by Dr. Micahlyn Powers, MD, former interim residency training director at Central Washington Family Medicine Residency Program.

We met with you for an initial assessment on January 30, 2019. Cynthia Morales, your clinical coordinator, contacted Dr. Powers on this date to confirm your attendance at the scheduled appointment. Ms. Morales also stated that the WPHP team recommended that you could be returned to practice while we completed the evaluation, due to no observed current impairment.

We subsequently met with you for a follow up appointment on March 1, 2019, to review and discuss our recommendation for additional evaluation from an outpatient provider. During this appointment, we specifically recommended completion of a neuropsychological evaluation.

Dr. Kelly Cornett, PsyD, administered neuropsychological testing to you on April 3, 2019. We were notified of the findings and recommendations subsequent to the evaluation on April 18, 2019, during a telephone call with Dr. Cornett.

On April 19, 2019, Cynthia Morales received an email correspondence from Dr. Micahlyn Powers. In this email, Dr. Powers requested an update regarding your evaluation with WPHP. Ms. Morales responded via email by informing her that your evaluation with WPHP was complete, we were recommending that you enroll in a monitoring agreement for an underlying medical condition, and there were recommendations for accommodations that would later be communicated to Dr. Powers.

On May 2, 2019, you spoke with Ms. Morales via telephone and notified her of your termination from your residency program, which was effective May 1, 2019, per your report during this conversation.

On May 20, 2019, you met with Ms. Morales and Laura Moss, MD, Associate Medical Director, for an in-person appointment. We reviewed and discussed Dr. Cornett's findings and recommendations subsequent to your neurocognitive evaluation. You shared with us your intention to complete your residency training in a new program, and we recommended enrollment in behavioral health monitoring to provide documented advocacy.

On August 9, 2019, you enrolled in a behavioral health monitoring agreement for WPHP monitoring of your underlying mental health conditions and provision of advocacy.

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Seattle, WA 98101-1819

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206.583.0127

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www.wphp.org

EXHIBIT 11

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Please do not hesitate to contact us directly at any time with your questions or concerns regarding this matter.

If we may be of further assistance, kindly so advise.

Sincerely,



Laura Moss, MD
Associate Medical Director

LM/AC
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Cynthia Morales, MA, LMHC
Clinical Coordinator

EXHIBIT 11

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